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60572

State of Nebraska  
Investigator's Motor Vehicle Accident Report

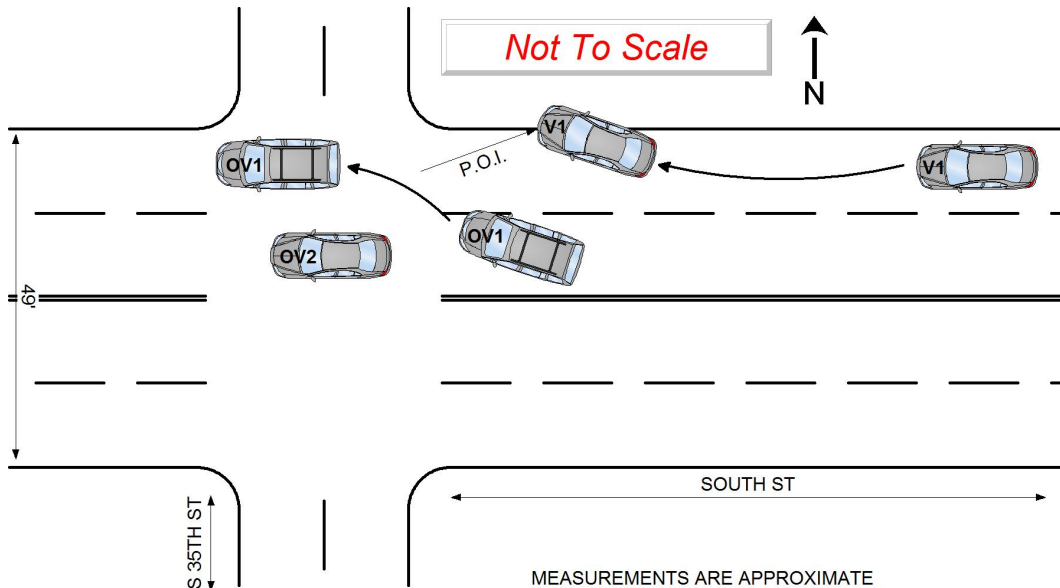
Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 102	Agency Case No. B5-086045	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1									
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT	STATE USE ONLY										
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1755	09/17/2015										
B	80	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. South St	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE									
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE									
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION											
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING									
				40.00	X	S 35th St									
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN									
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
VEHICLE NO. 1															
F	1	DRIVER LICENSE NO.	H12182264		STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE									
V1/N	1	DRIVER	REEANNA R ARMAGOST		PHONE	4027707866									
V2/N		DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/21/1978									
		1720 S 45TH ST, LINCOLN, NE 68506			LOCAL NO.										
G	4	OWNER	KRISTIE S MORGAN		PHONE	4024755804									
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.									
		2309 STONE CREEK LOOP N, LINCOLN, NE 68512													
H	4	LICENSE PLATE	PA NO. SSW802	YEAR (Plate Expires)	2016	STATE (Of Plate) NE									
V1/O	2	VEHICLE	2007	MAKE	Honda	MODEL	ACCORD	BODY STYLE	4 door Sedan	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 750		
V2/O		VEHICLE ID NO. (VIN)	1HGCM66507A106140		INSURANCE COMPANY		STATE FARM								
		TOWED TO	TOWED BY		POLICY NO.		078 3464-F25-27B								
VEHICLE NO. 2															
I	1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE								
V1/P	1	DRIVER			PHONE	LOCAL NO.									
V2/P		DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)										
		OWNER			PHONE	LOCAL NO.									
J	01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.									
V1/Q	4	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$					
V2/Q		VEHICLE			INSURANCE COMPANY										
K	02	VEHICLE ID NO. (VIN)			POLICY NO.										
TOWED TO							TOWED BY		POLICY NO.						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. # NAME ADDRESS									Seat Position	Eject	Body Region	Injury Sev.	Trans.		
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME									EMS RUN REPORT NO.						
VEH. # NAME ADDRESS															
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME									EMS RUN REPORT NO.						
VEH. # NAME ADDRESS															
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME									EMS RUN REPORT NO.						

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-086045



MEASUREMENTS ARE APPROXIMATE  
INVESTIGATION NOT MADE ON SCENE

POI:  
40' East of the eastern curb of S 35th St  
Even with the northern curb of South St

## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1 reports she was westbound on South St approaching the intersection of S 35th St when Other Vehicle 1 abruptly turned in front of them causing Driver 1 to take evasive action to avoid a collision. In taking evasive action Vehicle 1 ran off the road to the right, north side of South St. Driver 1 stated that Other Vehicle 1 was a white minivan with NE license plate 3-A5485. Driver 1 and a passenger in Vehicle 1 both stated they tried to speak to the driver of Other Vehicle 1 in which they stated that Vehicle 1 was in their blind spot and they did not see them.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
1				X	SOUTH ST															
2																				
1	01				06 Turning left				VEHICLE 1				VEHICLE 2				VEHICLE 1			
2					08 Entering traffic lane				POINT OF IMPACT				POINT OF IMPACT				VEHICLE 1			
					09 Leaving traffic lane				MOST DAMAGED AREA				MOST DAMAGED AREA				VEHICLE 2			
					10 Parked				00 None				02				03			
					11 Slowing or stopped in traffic				09 Top & windows				01				04			
					12 Other				10 Undercarriage				08				07			
					13 Unknown				11 Total (all areas)				06				05			
									12 Other											

OFFICER NO. 1688	TROOP/TEAM/BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jared Hermes		INVESTIGATOR SIGNATURE Approved by Officer Jared Hermes	DATE OF REPORT 09/17/2015